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PHILADELPHIA, OCTOBER 27, 1877.

ORIGINAL COMMUNICATIONS.

ON THE RATIONAL TREATMENT OF DYSENTERY.

BY H. C. WOOD, M D.

EVERY practitioner of medicine must be acquainted with the fact that anginas or sore throats are divisible into two classes,—those which are mere local inflammations and those which are the expression of a graver malady, *i.e.*, of a constitutional condition, or, as the fashion of the day terms it, a blood-poisoning.

It may not be equally well recognized, but it seems to me equally true, that all dysenteries may be similarly divided. One man is exposed to wet and cold and gets a sore throat, while his neighbor, under a similar influence, falls ill of dysentery. One man is thrown in contact with the diphtheritic poison and gets a constitutional sore throat, whilst another takes in the infection of a crowded, unclean camp and suffers from a constitutional dysentery.

Any practitioner called to treat a severe simple angina uses both constitutional and local measures; but it is scarcely a misstatement to affirm that the chief reliance is always on the nitrate of silver or other local remedies which are employed. Even if the sore throat be the local manifestation of a constitutional disorder, local applications are made by almost every physician, and by many they are used very energetically.

If we turn to inflammation of the other end of the alimentary tube, we find the treatment in vogue very different from that practised in anginas. Local measures (except the use of opium) are employed very imperfectly, or, in the vast majority of cases, not at all. The object of the present communication is to call attention to this anomaly, and to enter a plea for the energetic and wide-spread trial in colitis of local treatment.

The disuse of local applications in dysentery is largely, no doubt, the result of our former inability to make applications to any other than the extreme lower portions of the colon. By the use of forced enemata, so called, we are now, however, able to reach every part of the large intestine.

In giving such injections, it should be first remembered that the name is a misnomer; that no force should ever be used. The patient should be brought to the edge of a hard bed, placed in a position somewhat resembling that for lithotomy, his buttocks resting upon a hard pillow in such a way as to elevate the pelvis and cause the injected fluid naturally to flow downwards and inwards. A well-oiled, smooth, somewhat flexible, hard tube, with openings in the sides (an œsophageal tube will answer well), and with a closed end, must then be gently and slowly introduced from eight to twelve inches into the rectum. The free outer end of this may be connected with a Davidson's syringe, and the fluid thus be slowly pumped in. A better plan is to unite it with a flexible india-rubber tube, in the end of which a funnel is inserted. This being elevated five or six feet, the water is poured in, and by its own weight, with irresistible gentleness, forces its way into the gut. Instead of a funnel being employed, the tube may be so arranged as to empty a bucket or other reservoir of water placed five or six feet above the patient. A direct connection may be made, or the principle of the siphon taken advantage of. Finally, the so-called fountain syringe may be substituted. In any case the liquid should be about the temperature of the body, so as not to provoke peristalsis by the stimulus of heat or of cold.

Our experience with other portions of the body would teach us that different forms and stages of dysentery require variety in the character and strength of applications. This no doubt is the case; but my experience in angina led me at once to fasten upon nitrate of silver in these experimental trials, and this remedy has worked so well that with the few opportunities offered no other has been applied.

Drachm doses of the nitrate have in no case produced any constitutional symptoms, and doses of less than forty grains have not accomplished much good. Twenty-five grains to the ounce is a very common strength for use in angina, and when a drachm of the nitrate is dissolved in three pints of water for an injection, the strength of the solution is only a little over a grain to the ounce. The period of application is, however, much longer than in the case of the throat, and the mucous membrane of the gut is probably more sensitive. The

injection usually comes away in from five to ten minutes, but I have often seen it retained twenty minutes. I have always provided common salt, so that a solution of a chemical antidote could be at once thrown up the rectum if symptoms of general action were developed. No occasion has ever occurred for its use, but in the present stage of our experience it would perhaps be safer to use the salt, if at the end of ten minutes there were no indications of the expulsion of the silver solution.

Owing probably to the mildness of the past summer, but one case of acute dysentery has offered itself in my service at the Philadelphia Hospital. This case, which evidently represented the local form of the affection, was treated almost solely with nitrate of silver injections, and briefly noted is as follows:

Case I.—Wm. S., admitted July 13. Had had some diarrhœa a few days, but on morning of admission suffered from a chill, followed by a fever, by frequent mucous bloody stools, constant tenesmus and desire to stool, tenderness over colon, and other dysenteric symptoms. Ordered milk diet and forty grains of nitrate of silver by the rectum, and two grains of opium by mouth.

July 14.—Patient comfortable since injections; had only three passages during night. Injection and opium repeated. Had four passages during day, the last containing scybala; and at night was ordered castor oil and laudanum.

July 15.—Had three large, fecal, slightly mucous and bloody stools during the night. Injection as before.

July 16.—Since injection, two evacuations, chiefly fecal; no treatment.

July 18.—Patient convalescent. Evacuation normal. Diet improved.

July 27.—Discharged cured.

A single case, of course, affords but one peg upon which to hang an argument; but in the present instance the peg is as strong as it can be. The very favorable result certainly warrants a more extended trial of the remedy.

Chronic diarrhœa, so called, is undoubtedly, in the majority of cases, really a chronic dysentery, *i.e.*, a chronic colitis. Notwithstanding all that has been written, a considerable experience in my own practice and that of others has convinced me that it is not always possible to make a positive diagnosis in this class of cases as to the seat of the affection. When the disease is an enteritis, injections must fail to reach the affected part, and consequently fail to do good. This introduces an element of uncertainty into the results of treatment, and must be expected to give rise to an occasional disappointment.

The cases about to be noted have been taken one by one as they entered my ward in the Philadelphia Hospital.

Case II.—R. S., admitted June 20 with diarrhœa of one month's duration; stools sixteen to twenty daily, variously colored, thin, slimy, streaked with blood, accompanied with griping pains.

July 5.—Patient has been treated, besides counter-irritation and opium pro re nata, first with calomel and ipecac; then with astringents; then with nitrate of silver; then with forty-grain doses of bismuth every three hours; the diet being a purely milk one throughout. He is much worse than when he entered; excessively weak and emaciated; passages unchanged in character; has had seventeen in last twelve hours. Fifty grains of nitrate of silver in a quart of water were thrown very high up in the colon (tube being introduced fourteen inches), and were retained seventeen minutes; two grains of opium were given by mouth, and turpentine stupes and poultices applied.

July 6.—Has been very comfortable since enema.

July 7.—Bowels opened for the first time since enema; color dark, consistence mushy.

July 9.—Bowels again opened; character as last. Injection repeated.

July 14.—Fairly convalescent; bowels normal; diet altered.

August 1.—Discharged cured.

August 28.—Reported that he had no return.

Case III.—Sarah K., admitted June 23 for diarrhœa of two months' standing. She is very much emaciated, and has from six to ten stools in the twenty-four hours; passage thin, slimy, streaked with blood, variously colored; there is some tenesmus; tongue covered with a brown, pasty fur.

July 11.—The treatment since entrance has consisted of milk diet and opium pro re nata; calomel and ipecac; subnitrate of bismuth in forty-grain doses every two hours; lead; vegetable astringents; sulphate of zinc; sulphate of copper; finally oil of turpentine. The patient has received no advantage, her general condition being worse and her diarrhœa unchanged. Sixty grains of nitrate of silver given, and retained twenty minutes; turpentine stupes to abdomen, and two grains of opium by the mouth after injection.

July 12.—Patient passed a comfortable night; bowels opened but once since injection. All treatment, except a little opium, suspended.

July 13.—Two thin, slimy passages.

July 14.—Five passages; injection repeated.

July 15.—Patient very comfortable; no passages since enema came away.

July 20.—Patient convalescent; no return of the diarrhœa.

July 30.—Discharged cured.

Case IV.—Louisa M., admitted July 11, had suffered eight days from diarrhœa, with numerous copious, slimy, very offensive discharges daily; tenderness over descending colon.

July 29.—The treatment since entrance has consisted of proper diet; opium, calomel, persisted in until slight ptyalism was induced, followed by opium, large doses of subnitrate of bismuth, and moderate doses of vegetable astringents; then turpentine freely by the mouth. The patient is much worse than when she entered; very weak; passages unchanged in character, nine in the twenty-four hours. All medicines stopped except some opium. Fifty grains of nitrate of silver ordered daily by injection.

July 30.—Four passages in twenty-four hours.

August 2.—One large, mush-like passage in twenty-four hours. From this time convalescence went on regularly, the diet was gradually increased, and August 29 the patient was discharged well.

Case V.—John K., admitted August 1 for diarrhœa of three months' standing, for which he has been unsuccessfully treated by various physicians. Stools numerous every day, very offensive, highly mucous, and bloody. Ordered restricted diet. Sixty grains of nitrate of silver by injection ordered.

August 5.—But three passages in twenty-four hours; the injections given at intervals of several days.

August 15.—Convalescent; diet increased.

August 30.—Discharged entirely cured.

Case VI.—E. W., æt. 32, laborer, admitted September 10, suffering from diarrhœa of three weeks' standing. The discharges were said to have been at first very frequent, watery, and fecal. After a time blood and mucus appeared in them. At time of admission he had from fifteen to twenty passages in the twenty-four hours, chiefly serous and fecal, but sometimes containing mucus streaked with blood. He was treated until September 18 with castor oil, acetate of lead and opium, tannic acid and opium.

September 18.—Patient better than on entrance; no blood or mucus in passages for two days, but they are still very watery, seven and eight in the twenty-four hours. Received fifteen grains of nitrate of silver in a pint of water: it was retained about twenty minutes.

September 20.—Four passages in twenty-four hours; character unchanged; towards evening a second injection given.

September 24.—Since last date has received no injection; the passages have been decidedly thicker and more fecal, but quite as frequent, from seven to twelve in twenty-four hours. Received forty grains of nitrate of silver in a quart of tepid water; retained only four minutes.

September 25.—Only one passage during the night.

September 27.—Had during twenty-four hours of September 26 two passages, natural in color and much thicker in consistence. Injection repeated.

September 30.—Passages during last twenty-four hours three in number, natural in color, formed. Had injection of fifty grains on 28th.

October 18.—Passages as before, but an injection was administered.

October 11.—Since last July patient has steadily maintained his improvement. Has each twenty-four hours two to three formed, natural passages.

Case VII.—Michael Grassman, admitted September, 1877; previous to admission had been passing for about six weeks watery evacuations from the bowels, mixed at times, according to his statements, with blood and mucus. The number of discharges during the twenty-four hours has ranged from fifteen to thirty. There was no blood in any of the passages examined by the resident physician.

The tenderness was diffused over the whole abdomen, but was especially located in the umbilical region.

On September 20, at 7 P.M., an injection of nitrate of silver (forty grains to a quart of tepid water) was given; the injection was followed in six minutes by a watery passage, very slightly colored, and during the night five passages occurred of a similar nature.

September 21.—At 10 A.M. a second injection was given of the same strength. In five minutes occurred a watery passage.

September 22.—Another injection.

September 24.—During 23d had five passages.

September 25.—During the 24th had nine passages. Injection repeated.

September 26.—Injection; no improvement.

September 28.—Injection of fifty grains; no improvement.

October 4.—Several injections have been given since last entry, but, as the patient has in no wise improved, treatment is discontinued.

Extended remark upon these cases is scarcely necessary. Attention may, however, be called to the facts that Cases II., III., IV., and VI. had been in the house from one to seven weeks, and had been unsuccessfully treated with the ordinary remedies for chronic dysentery before the nitrate of silver was used; that there was no change of diet at the time of injection, and that no medicine, save a little opium, was given by the mouth; yet in Case II. two injections, in Case III. two injections, and in Case IV. four injections sufficed for a cure. In Case VI. smaller doses of the

silver salt were tried before injections of forty grains were practised. It is instructive to notice that these smaller amounts failed almost entirely.

In regard to the last case, in which injections failed entirely, much doubt exists as to the seat of the disease. The tenderness was certainly much more decided over the small than over the large intestines, and the passages that were seen were simply large, watery, sero-fecal discharges. When the injections were suspended, appropriate treatment for chronic enteritis was instituted. Improvement commenced at once, and, although at present writing sufficient time has not elapsed to warrant a positive conclusion, the prospects of cure seem good.

In conclusion, I do not want to claim for the local treatment of dysentery anything more than a wide-spread trial. The results which it has yielded in the series of cases here published are certainly very encouraging, but the number of trials is too few to stamp the method of treatment as confirmedly orthodox.

MORE OF FALLACY IN TROMMER'S TEST.

BY GEORGE HAY, M.D.

MY communication regarding the "Fallacy of Trommer's Test" in the *Medical Times* of July 21, 1877, presented one side of the question. In this article I desire to present the other side to the notice of the profession. In my first article it was stated, and I think proved, that in a sample of urine the indication usually accepted as demonstrating the presence of sugar by means of Trommer's test might be obtained in the entire absence of sugar, and it was further shown by what means greater certainty in testing might be arrived at. Now I propose to show that the indication for sugar may not be obtained, while at the same time sugar is actually present, and I will attempt further to point out a method whereby we may get reliable information regarding the presence or absence of sugar in any sample of urine. With this object in view, it will be advisable to explain that the most reliable testing liquid is procured in the following manner. To a neutral solution of sulphate of copper free from iron and other impurities add a solution of neutral tartrate of sodium, and stir the mixture in the cold. In a short time a nearly white or slightly bluish precipitate of tartrate of copper will fall. Decant from this the supernatant fluid, and wash the precipitate twice with cold water by decantation. Cover the precipitate with a moderately strong solution of caustic soda, and stir for a few minutes, when it will be found that the tartrate of copper will dissolve, forming a liquid of a deep-blue color. Filter this solution into a glass-stoppered bottle, and preserve for use in a cool place away from the light. That this is an efficient testing liquid appears from the fact that if to a few fluidrachms of pure water we add a minute quantity of grape sugar, and pour a small quantity of this feebly saccharine solution into a test-tube, and, after rendering it slightly alkaline by means of a few drops of a clear solution of caustic soda, we then add of the testing liquid sufficient to produce a distinct and pretty strong blue color, as soon as this mixture is brought to the boiling-point a beautiful red or orange-red precipitate of suboxide of copper will be obtained, and that without delay. So much is true as regards an aqueous solution of sugar. But I find that frequently the case is quite different when instead of pure water such a complex liquid as urine is the solvent for the sugar. I now know from oft-repeated and carefully-performed experiments that there exist frequently in urine a substance or substances soluble in alcohol which have the power of retarding the precipitation of suboxide of copper even when sugar is known to be present. I submit the following proofs. A patient who had all the symptoms of diabetes mellitus handed me a sample of his urine for examination. The urine was of high specific gravity, but free from albumen, and not loaded with urea, as was the case with the sample spoken of in my former letter. A quantity of the urine was evaporated to dryness on the water-bath. The dry residue was treated several times with boiling absolute alcohol, and the alcoholic solution filtered while hot, and then evaporated to dryness. The alcoholic extract (which I observed, by the way, contained all the yellow coloring-matter of the urine) was dissolved in water and again filtered. The filtrate, after being rendered alkaline by a few drops of solution of caustic soda, had added to it a little of the above-mentioned test liquid, and

was then boiled in a test-tube. The fluid changed from a blue to a green, and finally to a brownish, color, but no precipitate formed after boiling for a minute. I noted the time, and set the tube afloat in the water-bath, maintained at 212° F. In about twenty minutes there was a distinct precipitate of suboxide of copper. I repeated this experiment several times, and obtained, with wonderful regularity, the same succession of phenomena. To another portion of the same urine I added a notable quantity of grape sugar, evaporated, treated with alcohol, filtered, etc., exactly as already described; but upon testing got no precipitate after a minute's boiling. I noted the time, and set the tube afloat in the water-bath, maintained at 212° F., and in about fifteen minutes there appeared an abundant precipitate of suboxide of copper. I repeated this also several times, and always with the same results. The tendency of the age is to hurry over things,—to shirk work; and the above shows, I think, conclusively, that we may easily miss the sugar altogether, if we are in too much of a hurry. I have found that some urines yield the test at once, owing to the absence in the alcoholic extract of substances which delay the precipitation; others yield the test only after a time, owing to the presence of such substances. Not all urines are alike in this particular. It will not do to omit the evaporation, extraction with alcohol, etc., as above detailed, if we wish to obtain reliable results; for phosphates and some other substances, inorganic and organic, are precipitable by alkali, and when the liquid changes color, as it will do in the entire absence of sugar, a precipitate may be obtained which even an experienced person might too hastily conclude to be suboxide of copper, the precipitate being merely something resembling suboxide of copper, or it might even be the suboxide and yet have been reduced by something which was not sugar. On the other hand, haste might lead to conclusions of an opposite kind. A great deal of the confusion which has hitherto existed in the matter of testing urine for sugar has arisen from the circumstance that writers of books are too prone to follow one another without careful independent examination.

To sum up: I humbly submit my opinion that the following may be taken as a sure method of testing for sugar in urine. Prepare a solution of tartrate of copper as above described, and also a solution of caustic soda. Observe that both these solutions are perfectly free from sedimentary matter. Evaporate the urine to dryness, extract with boiling absolute alcohol, and filter while hot; evaporate again, dissolve the residue in water, and filter once more. Apply the test as above described, and, if no precipitate is obtained at once, place the test-tube in the water-bath, maintained at 212° F., and *wait* for half an hour. This waiting is of the utmost importance, and must not be neglected. If by the end of thirty minutes' time a precipitate of suboxide of copper is obtained, sugar is certainly present; if no precipitate of suboxide of copper is obtained when the half-hour has expired, then sugar is certainly absent.

LABOR COMPLICATED BY LOCKED TWINS — CRANIOTOMY — VERSION.

BY G. WILDS LINN, M.D.,

Obstetrician to the Philadelphia Hospital.

ON Monday evening, April 2, at ten o'clock, I was summoned by Dr. J. D. Downs, of Marlton, New Jersey, at the request of Prof. Penrose, to see, in consultation, a case of labor involving a complication, the nature of which he had not been able to determine.

The history of the case, as he gave it, was as follows:

The patient, Mrs. F., was a primipara, upwards of 30 years of age, and had been in labor since the preceding Thursday, a period of nearly five days. Finding on Saturday that no apparent advance was made, he called to his assistance Dr. Moser, (?) who recommended the administration of an opiate, which was given, and the patient was left under its influence until the next day (Sunday). An examination on Sunday afternoon at four o'clock showed a head in the cavity of the pelvis, the cervix being well dilated, but no important advance had been made since the day before. The face was presenting, and, as some grave complication was evidently present, Dr. Stokes, an experienced physician of the neighborhood, was called in. The face presentation was changed to a vertex, and the forceps applied, but the head still refused to descend. A trocar was then used to puncture the cranium, and the brain was removed, but without any efficient result, and twenty four hours later found the patient sinking and her condition demanding prompt surgical interference.

With this history, I reached the patient on Tuesday at half-past two A.M. I found her to be a woman of medium height, strong and well formed, and evidently of very active habits. She was much prostrated, not having been able to retain nourishment for several days, and for ninety-six hours had had no sleep save the little which the opiate had induced; temperature high; pulse 140, and compressible. The abdomen was exceedingly large and projected in a very conical shape anteriorly, the walls showing no special irregularities. I particularly inquired of the patient whether she had ever noticed any tumor in the abdomen, and for the symptoms attending uterine and ovarian tumors, but with negative results. Her menses had always been regular, and no deformity had been apparent. The uterine walls were in a state of tonic contraction, and careful auscultation failed to reveal fœtal heart sounds.

Digital examination showed the vagina to be very dry and hot, and etherization was resorted to in order to make the examination satisfactorily. The pelvic brim, according to external measurement, did not seem contracted; but the head projected so much, filling up the cavity so entirely, that I could not determine by vaginal examination whether there was any shortening of the conjugate diameter,—which my colleagues suspected. The cranium was partially collapsed, in consequence of the previous introduction of the trocar, and I succeeded in removing most of it with Meigs's craniotomy forceps, after which I seized the base of the skull with Barnes's cephalotribe, and, by strong traction, extracted a well-developed child.

I then discovered a second child presenting by the left shoulder, which had already partially descended into the brim,—dorso-anterior position. I at once proceeded to perform bimanual podalic version, which I found exceedingly difficult under the circumstances, the uterus being strongly contracted, while its walls had been greatly distended by the presence of twins, and their vitality diminished by prolonged and fruitless contractions, making the operation very dangerous. As soon as delivery was accomplished, ergot was given, the uterus firmly contracted, and the removal of the placenta was fortunately not attended by any unusual amount of hemorrhage.

The patient was necessarily much prostrated, and rallied slowly from the effects of the anæsthetic. The usual stimulants were administered, and she rallied completely for a time. She remained, however, very much exhausted, and Dr. Downs wrote me that she died thirty-six hours after the operation. I had earnestly desired him to secure a post-mortem examination, for I was anxious to ascertain the condition of the uterine walls where they had been in contact with the pubes and promontory, but he was not able to do so.

The child first delivered weighed, minus the brain and a large part of the cranium, six pounds; the second, eight pounds.

Remarks.—Cases of locked twins are exceedingly rare, and hence interesting to obstetricians. Here, the head of the first child descending into the pelvis, the thorax became engaged with the descending shoulder of the second, which was presenting in the dorso-pubic position, the head being in the right iliac fossa. M. Jacquemier relates a case almost precisely similar (vide Cazeaux) which was witnessed by him at the Maternity Hospital. "A woman who had been in her labor nine days was brought to the hospital in a dying condition; the waters were discharged three days before, and the forceps had been applied without success. At the autopsy two children were found in the womb. One head had descended into the excavation in the left occipito-cotyloid position, and had passed the uterine orifice. The other child was in the second position of the left shoulder; its head rested in the right iliac fossa, and the front of its neck, which was situated below the anterior shoulder of the first fœtus, embraced the neck of the latter in a semicircle so as to prevent a further descent of the trunk."

Madame Lachapelle relates a case in which the head of one and the chest of another simultaneously engaged in the pelvis; but, both children being very small, delivery occurred spontaneously.

LACERATION OF THE VESTIBULE — PROFUSE HEMORRHAGE — CLOSURE BY FIVE SILVER WIRE SUTURES — UNION WITHOUT SUPPURATION.

By FRANK E. BECKWITH, M.D.,

House Physician of the Nursery and Child's Hospital, New York.

LACERATIONS of the vestibule during the last act of the second stage of labor are of every-day occurrence, giving rise to slight hemorrhage only, and requiring no surgical interference. But lacerations in this situation not due to the passage of the fœtal head are of equally rare occurrence, requiring surgical aid, and invariably bleeding freely.

The following is a typical case of the latter class of injuries:

Mrs. C., 31 years of age, is nursing her third child, now ten months of age. There is no subinvolution of the internal or external organs of generation. Upon the 5th of September Mrs. C. fell heavily astride the back of a small wooden arm-chair.

Fifteen minutes after the accident, I found her lying upon the floor, her skirts saturated with blood, with the vestibule torn from the clitoris to the meatus of the urethra. The laceration was deep and clean-cut, extending obliquely between the points mentioned, looking like wounds of the integument and muscle made by the edges of broken glass. From the wound the blood poured in a steady stream. There was no spurting from an artery of considerable size.

Holding the edges of the wound together with my thumb and forefinger, although the hemorrhage was troublesome, I inserted five silver wire sutures.

As soon as these were twisted together, the hemorrhage stopped.

The urine was drawn, the patient placed upon her back in bed. She was not allowed to pass water during the next twenty-four hours without the catheter. The sutures were removed upon the 8th of September, seventy-two hours after insertion.

From the suture-holes blood oozed for fifteen minutes, but ceased without the use of a styptic. There had been no suppuration.

Upon a careful examination the wound presented no ununited portion, but, instead, a narrow line of firmly-united tissue between the clitoris and meatus. Probably in this case the hemorrhage would not have stopped without the use of subsulphate of iron or other styptic. I thought it best not to wait or to use any styptic application. I was certain that union without suppuration would take place in this case, if the wound were closed while bleeding freely, from my experience with many similar lacerations of the perineum, which almost invariably so united, although closed while profuse hemorrhage was present.

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AMPUTATION OF ARM WITHOUT LIGATURES.

BY R. H. MILNER, M.D.

THE following case of amputation of the forearm without the necessity of ligating a single artery is, so far as I have been able to learn, entirely unique. None of the works on surgery with which I am acquainted make any mention of such a case, nor have I yet found any surgeon who has met with a similar one.

As the manner in which the injury necessitating the removal of the arm was received may have had, in some way, something to do with the prevention of hemorrhage, I will first describe it. The accident occurred in the granite-quarry of J. W. Malone, Esq., at Port Deposit, Maryland, on the 4th of March, 1876.

John Boyd, Jr., and Olmstead Green, colored, were employed in blasting. They had bored a hole about two inches in diameter to the depth of twelve feet in the solid rock. This was charged on the evening of the 3d of March. On attempting to fire the charge on the morning of the 4th it was found that the fuse had become saturated with water at some point, and would not carry the fire to the powder. Against the standing order of Mr. Malone, they proceeded to bore out the charge to make room for another. Unfortunately, just as they were about to succeed in this hazardous undertaking, the drill, an iron rod one and a half inches in diameter, and twelve feet long, struck fire and ignited the charge. As both men had a tight grasp on the drill, which they were working with their hands, these members were literally torn to pieces. Boyd fared worst, losing both hands, the right being removed at the junction of the lower and middle thirds of the forearm, the left at the middle of the forearm. The left humerus was also fractured about the middle. The right arm was amputated first, and no trouble was found in finding and ligating the arteries; but on removing the left and slacking the tourniquet, it was found that no blood, with the exception of a little venous oozing, flowed. Nothing approaching the spurting of an artery could be seen, even after the tourniquet had been entirely removed. A most diligent search for the arteries was entirely futile. The patient was left with a competent attendant while his fellow-sufferer was attended to. At the end of two hours another and more thorough search for the arteries was made, with no better success. The stump was then dressed with interrupted suture, Maltese cross, and bandage in the usual manner. The fracture was treated by placing the arm in a tin trough. The stump of this arm healed sooner than did that of the right, the healing of the latter being delayed by suppuration depending on extensive powder-burns on the arm from the seat of amputation to the shoulder. There was at no time any hemorrhage from the left arm, nor was there any sloughing of the flaps. That the circulation was not interfered with by the fracture of the humerus is certain, as the pulsation of the brachial artery could be felt as far down as the elbow.

Worms Extraordinary (*Louisville Medical News*).—Dr. C. D. Arnold extracted six hundred and ninety-nine lumbricoid worms from a child with oil of wormseed. One would think that the wormseed hatched rapidly.

TRANSLATIONS.

CATARRHAL JAUNDICE TREATED BY ENEMATA OF COLD WATER (*Bulletin Gén. de Thérap.*, September, 1877, p. 212).—As soon as the diagnosis of catarrhal jaundice is made, Dr. Krull, of Mecklenburg, commences injecting two to four pints of water into the rectum by means of irrigation. The water should be about 59° F. in temperature, and the operation should be practised once in twenty-four hours. When the enema is repeated, the temperature should be raised a few degrees, because the intestine does not bear well repeated contact with water of the same degree. The patient should be instructed to retain the fluid in the bowel as long as it is possible for him to do so. The notes of eleven cases are given, showing that, after a few injections in the manner described, the stools became colored with bile, the tenderness in the hepatic region, the malaise and headache, disappeared, and the anorexia was notably decreased. A cure usually resulted after the administration of seven cold-water injections, and is supposed to be due to the stimulation of the peristaltic action of the intestines and to the excitation of the biliary secretion, which, by its increased quantity in the passages, overcomes the obstacle to its free escape.

J. B. R.

LIQUORICE IN DIABETES MELLITUS.—M. Martin (*Bulletin Gén. de Thérap.*, September, 1877, p. 222) has experimented with liquorice in order to determine whether it can be employed in the dietetics of diabetic patients. Having under his care a man suffering with this disorder, he made him drink daily about one quart of an infusion of liquorice-root, and ordered his coffee to be sweetened with a small quantity of a stronger infusion. This lessened the bitterness of the coffee, but did not destroy its aroma or other qualities. A daily examination of the urine showed not the least increase in the amount of sugar excreted. These experiments, and others by the same author, show that patients of this description may use liquorice, without fear of increasing their malady, for the purposes for which sugar is ordinarily employed.

J. B. R.

ATROPHY OF THE TESTICLES AFTER MUMPS.—M. Lereboullet at a meeting of the Hospital Society (*Bulletin Gén. de Thérap.*, September, 1877, p. 233) presented a soldier, aged 22 years, who four months previously had been attacked by mumps. At that time he had every appearance of virility, but four days afterwards double orchitis occurred, under the influence of which the testicles swelled until they were each the size of a fist. The organs subsequently became atrophied until they were reduced to the volume of an almond; at the same time there was evident a considerable development of the mammary glands. The beard also was arrested in its growth, and the patient had a perfectly smooth chin as a result of this physiological process of depilation.

J. B. R.

CHLORATE OF POTASSIUM IN CERTAIN FORMS OF DIARRHŒA.—It is stated (*La Andalucía Médica*, Cordova, August, 1877, p. 174) that Dr. Vonfigli employs chlorate of potassium in the diarrhœas which occur chiefly in cachectic patients attacked with nervous affections, and which consist of very frequent serous evacuations. These diarrhœas, called by the author "vaso-paralytic," are rebellious to treatment by astringents and narcotics, and may be the precursor of death. Experiments have shown that chlorate of potassium increases the contractility of the muscular coat of the vessels, and hence the indication for its use. To obtain the favorable results stated, the drug must be continued for a long time, and in severe cases increased in dose. The dose varies from two to ten grains in the twenty-four hours, according to the individual case. The author thinks that by analogy this treatment ought to be favorable in the diarrhœa of old age, in cholera, and in certain serous diarrhœas of hot countries.

J. B. R.

THE INFLUENCE OF BROMIDE AND IODIDE OF POTASSIUM ON GASTRIC DIGESTION.—Dr. Putzeys, after a series of experiments in artificial digestion, in which he substituted hydrobromic and hydriodic acids for hydrochloric acid, concludes (*Bull. de l'Acad. de Belgique*, 1877, xi. p. 106) that hydriodic acid, whatever its proportion in the digestive fluid, cannot replace hydrochloric acid, because its action is more feeble and slower. Moreover, he believes that the iodide and bromide of potassium will not be received with equal tolerance if they are ingested at the time of gastric activity; hence it is in every respect preferable to administer these salts, and especially the iodide, a half-hour or an

hour before meals, when the stomach is empty and its surface is covered with a layer of neutral or even alkaline mucus. J. B. R.

Resection of the Infra-Orbital Nerve.—M. Tillaux (*Soc. de Chirurgie*; reported in *Bull. Gén. de Thérap.*, v. ii., 1877, p. 37) communicates a case of resection of the infra-orbital nerve at its entrance into the infra-orbital foramen in the floor of the orbit. The patient, a woman 31 years of age, began to suffer pains in the right upper molars when she was twenty years old. Soon after, a fetid discharge from the nose was noticed. The sinus was perforated after extraction of the first molar, and a tent was left in the opening; iodine was injected, and the patient finally cured. She continued to suffer, however, with frequent attacks of neuralgia. In 1873 the pain became constant, and the nasal discharge reappeared. The sinus was enlarged. The second molar was extracted, and the wound treated as before. After alternate neuralgia and rest, an abscess finally opened, and no pain was experienced for several years. In August, 1875, the pain reappeared. In May, 1876, she was brought to the Hôpital Lariboisière for operation. The pain, which at that time was intense, started from the infra-orbital point and radiated through the eyeball. It was accompanied by conjunctivitis and shedding of tears. M. Tillaux decided to lay bare the nerve in its infra-orbital groove, and to make the section just in front of the spheno-palatine ganglion. A horizontal incision was made in the lower eyelid, and at the internal extremity of this incision another, vertical, terminating at the ala nasi. Ligating then the infra-orbital nerve, the sclerotic was divided, the eyeball raised on a little spoon, and the roof of the infra-orbital groove was lifted with a gouge. The nerve thus laid bare was raised, and a piece a centimetre in length was cut out. Histological examination of the nerve showed hypertrophy, but no change. After this part of the operation the maxillary sinus was widely opened from in front, and was explored with the finger. Two osteophytes were found implanted on the anterior wall, which were removed. On the 18th of May the patient returned home cured. (Plates representing the instruments used accompany the report of M. Tillaux's case, and also an account of the discussion following it in the Société de Chirurgie.) X.

Radical Cure of Retention of Urine from Enlarged Prostate.—E. Bottini (*Centralbl. f. Med.*, 1877, p. 519; from *Von Langenbeck's Archiv*) reviews his proposal, made some time ago, to remove the hypertrophied prostate by the galvano-cautery in cases where the former interferes with the passage of urine. He recommends that either the entire gland should be burned away or that simple division of the enlarged portion should be practised. The galvano-cautery used by Bottini resembles Mercier's prostatic catheter. It consists of two brass wires fastened to a staff and entirely insulated by a covering of ivory. Near the angle of the concave side is the cauterizing apparatus, a U-shaped piece of platinum two and a half centimetres (one inch) long, of which one limb is connected with the anterior wire of the instrument, the other with the posterior. As soon as the loop of the instrument can be moved about in the bladder, which should be partly full, it is to be brought against the hypertrophied part by a movement through an arc of 180°, and thus, surrounded as if by a hook, can be destroyed with the utmost precision without (as post-mortem examination has shown) disturbing the neighboring parts in the least.

The thermo-galvanic incisor is like a lithotriptor of which the male blade is formed of a platinum knife. This is connected by a bit of copper to the staff, and glides in the glass groove of the female blade. The point of the instrument must be applied with its concavity pressing against the lobe to be divided, so that the latter is enclosed as in a hook. Neither the cauterization nor the cutting causes much pain; so that anæsthetics are rarely necessary. The bladder is usually emptied shortly after the operation, though strangury is ordinarily experienced. No bad effects are observed; even vesical catarrh has never been noted. The urine, however, is frequently slightly bloody for a short time. Cauterization is usually advisable in partial and not prominent enlargements both of the supra-collicular portion and the lobes of the prostate. Division is to be recommended in general and uniform enlargement of the gland, and also in very prominent intumescences. Among contra-indications are—1, inactivity of the detrusor; 2, abnormal condition of the urine; 3, coincident renal disease. X.

PHILADELPHIA
MEDICAL TIMES.

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EDITORIAL.

THE JEFFERSON MEDICAL COLLEGE HOSPITAL.

THE new hospital of the Jefferson Medical College, which has recently been thrown open for the reception of patients, is of brick, with Ohio stone trimmings, and stands on a lot about one hundred and fifteen feet by one hundred and twenty-five feet, having a small yard to the east. It consists of two wings placed at right angles, like the letter L, each having five stories and a basement, while embraced within the angle is the two-story amphitheatre, which extends as far as the ends of the wings. This arrangement makes a rectangular building, on three sides of which are streets, while the fourth side faces the small yard before mentioned. Through the arms of the L runs the corridor, opening on one side into the amphitheatre, capable of seating six hundred students, and into the various waiting rooms, etc., on the other.

The main stairway, of iron, is placed at the junction of the two wings, enclosing, as it goes upward, the opening in which runs the steam elevator, surrounded by a wire grating. The landings as well as the stairway are fire-proof, but for additional safety there are placed on each platform two water-plugs, to which sections of hose are constantly attached for immediate use.

In the basement, under the clinic room, are the engine- and boiler-rooms, and the bins for coal and wood, while beneath the wings are the steam kitchen, china-pantry, post-mortem room, and the laundry department, comprising a disinfecting room, washing, steam-drying, and ironing rooms. In proximity to the last department is the clothes shute of sheet iron, which extends to the fifth story, and has a door opening upon each of the various floors, in order that the soiled bedding and clothing may be dropped immediately to the basement.

The first floor, exclusive of the amphitheatre, is occupied by the apothecary-shop, the officers' dining and sitting rooms, the patients' waiting room, and the examining rooms of the medical, surgical, and other dispensary staffs. This distribution is exceedingly well adapted to the requirements, because the applicants for treatment are distributed to the dispensary chiefs, who examine and prescribe, or send them across the hall into the anteroom leading to the clinical lecture amphitheatre.

On the second floor are located the special wards for eye and gynæcological cases, the receiving ward, the septic ward, and the hospital operating room for cases not presented to the class. The superintendent's office, the students' entrances to the seats of the lecture room, and the students' water-closets are also on this story. On the two succeeding stories (third and fourth) are the main wards, each one occupying a wing, making in all four large airy rooms (forty feet by seventy feet, and thirty-five feet by sixty-five feet), having windows on three sides, because, as stated above, the amphitheatre is but two stories high. The buildings surrounding the hospital are low, and therefore these wards have abundant light and air. Opening into the wards are nurses' chambers, baths, and water-closets; and from the same landings entries lead to the special-diet kitchens. Ascending one flight higher, we arrive at the private ward, which consists of a series of ten appropriately furnished chambers opening into a central entry, like the hall of a hotel. The apartments of the matron and resident physicians are also on this floor. Above is a loft, in which is a large tank kept filled with water, to give abundant supply at all times, and to be utilized in time of fire.

This gives a general idea of the location of rooms and halls, which are connected by electric annunciators, speaking-tubes, and dumb-waiters; while a large number of closets and store-rooms furnish abundant opportunity for packing away the crockery, bed-clothing, and linen required in such an institution.

Near the floors and ceilings of all the wards are registers opening into the vitiated-air flues, which descend to the basement and pass under the cellar floor to terminate in a shaft or chimney ninety-eight feet high. A constant upward current is established in this shaft by the heated air and smoke from the furnaces supplying steam to the elevator, laundry, and heating-coils. In each long ward there are also two open fire-places, to act as additional purifiers of the air. Fresh air is obtained by openings which are beneath the windows and behind the steam heating-coils; also by ducts opening from the street into the basement, where it is heated, and whence it is driven into the various parts of the building through flues and registers as in our dwelling-houses. Additional heat is obtained by open steam-coils placed in every room.

The floors, with the exception of the iron staircase and landings, which are covered with rubber to prevent noise, are made of hard pine and oiled. The steam- and water-pipes are left exposed to view throughout the building, in order that leaks may be easily discovered.

Pay patients are charged one dollar per day in the wards, and two dollars or more, according to accommodations, in the private rooms.

The opportunity here for clinical instruction will be excellent, since the lecturers have the use of the old college dispensary service as well as of the patients in the wards. During the winter session the clinics will be held by the faculty, to illustrate their didactic lectures, while the hospital staff are to lecture during the remainder of the year. In this way a daily clinic will be held throughout the entire winter and summer sessions.

The success of the new plan of teaching at the University is all that could be desired. There are one hundred and thirty first-course students entered for the three years; and the general paying class is as large as it was last year. Even if there should be no increase in the number of yearly applicants, which is highly improbable, when the new system is thoroughly established there will be nearly four hundred students ($130 \times 3 = 390$). The character of the class has much improved, the average intelligence and education of the new men being notably superior. Its habitat, so to speak, is also changed. We are very sorry to find a great reduction in the number of students from the South. The class from Ohio and its sister States is said to be increased. The home States have done very well.

LEADING ARTICLES.

MEDICINE IN TURKEY.

THE following extracts from the recent unpublished thesis by Dr. Yerwent Simon Kludgian, of Tocat, Turkey, who graduated at the University of Pennsylvania last spring, seem of sufficient interest at the present time to warrant their being laid before the readers of the *Times*.

The study of medicine flourished among the ancient Arabs, and some of our most remarkable inventions trace their origin to the ingenuity of that intelligent nation, which claims Hippocrates as one of her sons, giving him the name of Sheed, and honors the father of philosophy—Plato—by a mastership in the medical profession and the name Eflatoon.

The great fabulist Æsop also is numbered by Turkish writers as among the chief of the physicians of Arabia, by the name of Locman, to whom the extravagance of the Oriental imagination attributes wonderful and miraculous cures, claiming that this "Æolia the accomplished" suc-

ceeded in finding the powder of immortality.

In his old age, wishing to communicate the secret to his disciples, he gathered them together on the bank of a river, where he ordered one of them to thrust a dagger to his heart, while to another one he intrusted the life-powder, ordering him to put it to his mouth as soon as he was wounded, expecting to show that the mortal wound would have no more power than a mere incision.

The master was stabbed, but the miserable wretch that had charge of the powder, wishing to pass to his teacher's place, instead of putting the powder to the doctor's mouth, tried to swallow it himself, while his instructor was bleeding to death. But, the "Almighty Allah" not being willing to impart this privilege of immortality to men, the wind blew off the powder from the paper, and the waters carried it away.

So Locman died a victim to his audacity, and the students hung the traitor.

The Turkish authorities claim that all that exists now in medical knowledge is the remains of the Locmanian teachings, whose books the Giaour Franks (European infidels) have secured and translated into their languages, and are thereby farther advanced in the healing art than the descendants of Locman or their successors the Turks.

The spirit of Mohammedanism is to-day the same as when the Kalif sent orders to destroy the library of Alexandria, saying, "If books therein are in accordance with the 'Korani-Sherif,' they are useless; if contrary to the Holy Writings, they are deleterious: in one way or the other, burn them."

By its religious principles of "Namehram" and "Kadar," Islamism has done no little harm to the healing art,—by the first prohibiting male physicians from attending female patients, and by the second teaching that everything occurs to man by the order of Heaven, and that it is not right to meddle with the decrees of fate by trying to cure the sick.

However, the shrewd prophet decreed that Namehram might be overlooked in instances of emergency, and that medicine also as well as the diseases were created by the same Allah, so that while on the one hand the regular study of medicine declined, practitioners never decreased in number.

Medicine became a hereditary property in families, who taught to their descendants what they had learned from their ancestors as a legend.

Superstition and ignorance also being mixed with this traditionary education, the profession declined to the lowest degradation. Even now it is not uncommon to meet with families of physicians and whole tribes of oculists and surgeons.

Let us extend a glance over their ground of study, to see how far their knowledge extends at the present time in the seven recognized fundamental branches of medicine.

Anatomy.—Physicians, surgeons, oculists, and obstetricians have almost none or a very obscure knowledge upon the anatomical relations of parts with which they have to deal. A physician of wide practice in my neighborhood supposed the lungs to lie at the left and the liver at the right side of the thoracic cavity.

One of the "eye-openers," famous for his learning, in an elaborate discourse declared the eye was a sea divided into seven departments, receiving its supply of water from the liver.

The Mohammedan clergy who study the Koran prohibit the people from making the slightest incision upon a human corpse.

Hence *post-mortem* and dissection are not practised among the Mohammedans. I am told that even the students of the military school of medicine in Constantinople are taught anatomy without that practical knowledge which comes from dissection.

Neither *physiology* nor *chemistry* is known to the common practitioners. They are ignorant of the chemical actions and relations of drugs except so far as they are acquainted with them from accident.

The detection of poisons by chemical analysis in criminal cases is entirely unknown among them.

There is not a single establishment to manufacture medicines of chemical product in the country. They are dependent upon foreign sources.

Materia Medica.—In this department of medicine the practitioners have improved considerably. In case of disease you see the patient visiting many physicians in turn; you hear many strange names of remedies; among these articles used as medicine (excluding the few official ones native to the country and to here)

are several kinds of herbs, clays, cobwebs, the blood of white and black hens, freshly-killed pigeons, the skin of recently-killed sheep, the eggs of turtle, the dung of wolves, and dog's manure.

I know a woman who was ordered to take medicine, and one of the ingredients was dog's white dung, which she took very faithfully. Such are the remedies at the common practitioner's hand.

But at the military school of medicine in Constantinople they are teaching now chemistry, materia medica, and pharmacy better than any other branches of the profession.

Surgery is in the hands of three classes of people,—namely, butchers, farriers, and barbers. The first two classes, who manipulate animal flesh in their daily occupation, think also to become acquainted with the human organism. So they perform operations, and treat cases in a rough manner: when they make any amputation, which is fortunately rare, they apply to the cut surface burning grease, afterwards some kind of plaster.

To incised, contused, lacerated, and punctured wounds they first apply an abundance of common salt, or wrap it with a piece of muslin which is saturated with a mixture of salt and honey; after the hemorrhage has stopped they wash it with alcohol and apply the plaster.

Fractures of the spine or of the limbs, besides other measures, are dressed by wrapping with the skin of a newly-killed sheep.

In the provinces of Central Turkey, the wild Koords, not having the least idea of anatomy, and not imagining even the existence of such a knowledge,—men who, in fact, have never seen perhaps any kind of a book in their lives,—practise surgery, and perform the operation of lithotomy, having no other instruments but a rude wooden spoon and a dull razor.

On the Turko-Persian borders there live whole families of oculists, certain members of which travel all about the country to "open eyes," operating with the rudest instruments, such as knives, hooks, and rusty iron probes; and the rougher a practitioner is, the greater is his fame as an able master.

In spite of all this quackery there are hundreds and thousands left with their affections without any medical adviser.

Obstetrics.—Accoucheurs are females almost without exception, generally good-for-nothing jades, having as fair an education as the surgeons possess, and besides they have the grossest empiricism.

In cases of somewhat difficult labor they confound all presentations together. Once in a country place (where I have been) a woman was in difficult labor. Several midwives did their best, without any good result (in fact, none of them had ever seen the forceps). Fortunately, the woman's brother-in-law, who was a shepherd by trade, being at home, they called him into the room, as though he had gained much more knowledge about midwifery, by attending the sheep of his flock, than themselves. As soon as he saw the case he stripped up his sleeves and introduced the rough, hard, and dirty hands into the internal organs and extracted the child.

I do not know how much damage he did, nor how much was done before; but the poor woman died within a few hours.

A Turkish midwife will never touch the fœtus until it is fully born, even if the poor child lingers two or three hours in the external parts.

Nearly the whole period of the second stage of labor in Turkey the woman is kept on her feet, and when the pain comes on, two women, holding her arms, walk round the room.

In some places the woman is delivered when she is kneeling, the midwife then being in front of her; in other places she is delivered while leaning over, supported by her arms; then the midwife stays to take the child from behind her; while others have adopted the European plan.

To take the woman to a Turkish bath for a few hours about the approach of labor is almost a universal custom throughout the country. This is, of course, for the relaxation of the system.

If the child is born in defect of vitality from any cause, before they cut the cord they put the placenta near to an open fire until the child shows signs of life. It is a general custom to salt the newly-born infant, as a piece of meat, before they wash it. As soon as the infant is washed and prepared, it is squeezed into such a tight bandage that movement is impossible. This is because the child is coming from a tight place, and must not be let loose till it gets used to liberty; and this training takes considerable time.

The mother is not allowed to drink

water till at least the third day after delivery, though scorching with intense thirst, the divine sentence being "sorrow" in "bringing forth children;" but the torments of ignorance are innumerable, and the poor Devil—"Genperee"—is very often unreasonably charged with plugging the passages of menstruation or parturition, and enchanters produce sterility and other disturbances of the various functions of male and female genital organs.

Medicine Proper.—From the capital down to the smallest village, the barbers, such as hardly know how to shave the chins of Christians and the heads of Islam neighbors, pretend to cure chills and piles, and are expected by the people to know how to bleed, drug, and nurse the sick.

A great many are killed by these genuine Sangrados through bleeding. Basinfuls of human blood are shed every year, in the month of May, since every man ought to be bled once a year, and that month is the most convenient season for enjoying this pleasure as well as an annual purgative.

Cathartics play no inferior part to bloodletting, and as, fortunately, a good many drugs belonging to the category are the products of the country,—such as scammonium, croton tiglium, castor seeds, rhubarb, colocynth, etc.,—there is but little trouble to get them in abundance.

The doctor, after bleeding his patient a score of ounces, mixes a splendid "sherbet" for him, and in proportion as the stuff acts so much the better and so much the more valuable is the drug.

Out of hundreds of cases I mention the case of a gentleman who gave to his sick servant a pretty big lump of gamboge—weighing about a drachm—to swallow as a purgative, and the poor fellow's entrails were actually purged out, and the man himself wiped out from among the living.

It is easy to imagine what a curse the remedial agents are in the hands of such practitioners. I have known another case where the physician prescribed *wolf's dung mixed with curdled milk*, to be taken internally for the cure of enlarged spleen, and the patient most faithfully took the medicine. To administer the cooled urine of a healthy person in cases of jaundice and intermittent fever is not an uncommon thing.

Many in the country believe that vaccination existed in Armenia, in the city of Moosh, now under the Turkish government, before it was introduced to the profession as a new discovery. I do not know how far the fact is known or credited, but it is an unquestionable fact that before vaccination was introduced into the country from any foreign source it was known in the above-named city.

If you meet men and women brought up in that city and inquire of them, "Why have you been vaccinated, and why have you vaccinated also your offspring?" the answer is, "Because my father and grandfather were vaccinated, and the latter used to tell us that his father and grandfather were vaccinated. I cannot tell its origin here, but this is the custom in my native city for generations past and present."

Perhaps it will be asked, if it was a custom how it did not prevail among the surrounding towns. It is astonishing to see that cities, towns, even villages a few hours' distance from each other, have almost entirely different customs, habits, modes of living and dressing, which have been kept up for hundreds of years without having mingled with others. Probably this is the case with the vaccination of children. Parents themselves generally vaccinate their children in that city with fresh lymph taken from a human being. They do not know about the vaccine matter of a cow, or to take lymph from it for vaccination.

Another very interesting subject pertinent to our inquiry is that of the *superstitions* regarding medicine. The fertile and imaginative Oriental mind, though always searching for the cause of everything, is easily settled and dazzled by a mysterious description high above its understanding. This it delights in believing.

It is somewhat amusing to see a number of inquirers surrounding a man whom they think to be a savant, and asking him such questions as in fact nobody can answer satisfactorily, but when the man of science declares that it is the "Kelam-u-kadim," that is, the eternal decree, every mind settles down at once and every objection stops without further investigation.

As this people see that certain maladies seem to have a connection with celestial phenomena, such as attacks of epilepsy and relapses of mental derangement and certain skin diseases at the time of full or new moon, and of nervous headaches in the days of the dog-star, they readily explain their troubles as the effects of the orbs of heaven or some other mysterious

power, or good and bad spirits, imps, ghosts, and devils.

Many cases that the doctor cannot cure he attributes to a higher power, and advises the patient to call a certain Emir or Hoja —a Mohammedan ecclesiastic—to pray or write charms for him, or to cast the devils out of him.

This belief has generated another system of medicine,—the spirit-cure; its practitioners prescribing other means of relief, such as certain localities, a tree, a fountain, a chapel, the tomb of a prophet or saint, images and relics of the Virgin, etc., etc.

There are different Emirs for the cure of various diseases, who pray, read, write, blow, spit, howl, and growl, and gather the demons to compel them to leave the patient or to find means for his cure.

Erysipelas, with some other œdematous diseases, is regarded as the result of the stroke of an angry spirit, and there are special men and formulæ of prayers for its cure. The European and American "infidel" physicians say that certain medicines will expel the devil better than anything else.

An electro-magnetic machine was used with favorable result in a case of mental derangement, making the patient believe that every shock which he received from that diabolic "thing" indicated the expulsion of one of his devils.

In such a condition was medicine recently all through Turkey, and so is it even now to a very great extent; but the father of the present Sultan,—the late Sultan Abdul Medjid Khan,—among many other reformations, established a military school of medicine in Constantinople, and this school since its opening has turned out a number of tolerably well educated physicians; and, as the government duly recognizes the diplomas of American and European colleges, many of our young men have gone abroad to Europe and to this country and studied medicine; so much so that a few years ago the legislative power passed a law (which, however, is not enforced) that nobody should practise medicine unless he possessed the diploma of a regular medical school.

EXTIRPATION OF THE KIDNEY. — Dr. C. Langenbuch reports (*Berl. Klin. Wochenschrift*, No. 24, 1877) a case of successful extirpation of the kidney.

CORRESPONDENCE.

LONDON LETTER.

THE medical world at present is almost absolutely quiescent. The meeting of the British Medical Association is the last flare-up before temporary extinction of medical life. All who are not kept in town by stringent reasons are off and away. Perhaps not quite so many to the Continent as before, finding out that if a holiday is to be of any use as a preparation for a coming spell of protracted toil, it must be a holiday really, and not merely another form of labor. In many instances the holiday is the hardest part of the whole year's work, except that the labor involves largely the muscles, and not the brain solely. Accustomed as medical men are to advise others, it has been asserted of them that they neither counsel themselves wisely nor accept advice from others. This may be true to some extent, or it may be but one of the many calumnies uttered against the profession. As regards their choice of a holiday and how to spend it judiciously, certainly they are manifesting a better appreciation of what a holiday ought to be than they exhibited a few years ago.

There is a good deal to be said about a holiday. It may be spent profitably in several ways. It may be made a season of leisure, of useful quietude; but, in addition to this, it may be made useful in another way. It is well for a medical man to be personally acquainted with the various health-resorts to which he sends his patients. Such familiarity not only gives the patients greater confidence in the advice tendered, but tends to raise their appreciation of the general culture of the medical man who has made himself thus personally acquainted with the different health-resorts. This is really an excellent plan of procedure, and one to be commended. For by so doing the possibility of selecting an unsuitable place for the patient is greatly reduced. On the other hand, a holiday may be utilized in another way. A physician in large practice, especially if he be connected with the diseases of the respiratory organs, finds it profitable, if not also excusable, to send his patients, or at least most of them, to some particular place, say the Tyrol, and advocates this plan on the ground that he prefers it himself. He goes there himself, perhaps convoys some of his most interesting cases on the journey, and when he arrives at his destination he finds himself in the midst of a little colony of his own patients; and thus, when taking his constitutional strolls, he can do a little visiting,—which is rather amusement than serious work, and tends to relieve the tedium of his days,—and certainly secures agreeable society, not only in the day amusements and engagements, but for the evenings, which otherwise would hang heavy on his hands and prove wearisome. Further, these various patients

talk him over, approve of him, and strengthen and corroborate each other's confidence in this *rara avis* of medicine. It does not by any means follow that because this is done by several astute men there is any immorality in so doing, or that the physician is not consulting the best interests of his patients while attending sedulously to his own. But it furnishes material for gossip and for innuendo on the part of less fortunate or less ingenious medical brethren.

The chief medical fact of the present quiet time is the acceptance by Dr. J. Matthews Duncan, of Edinburgh, of the lecturership of obstetrics at St. Bartholomew's Hospital. This post was recently vacated by Dr. Greenhalgh, a man of position and renown. The occupants of this position have, of recent years at least, been almost invariably men of capacity and holding a good professional status. When this vacancy occurred, it became a matter of moment to the hospital and to the medical school to see that a proper and fitting occupant should be secured. Dr. Clement Godson, the present assistant obstetric physician, is an able, enterprising, popular, and gentlemanly man,—just the man for the place but for one thing, viz., his age. Unfortunately, or perhaps fortunately in some respects, he was too young to occupy so prominent and onerous a position; and none felt this more clearly than himself. Bartholomew's had no man of its own fostering, no egg out of its own basket, that could well be proposed to fill the vacancy. Bartholomew's is a very powerful place, with far-reaching influence, and must be spoken about cautiously. The advice of the son of Sirach about speaking evil of rich men, even in the retirement of one's chamber, must be borne in mind even by an anonymous writer to a foreign periodical when speaking of St. Bart's. It is necessary to be guarded, then; but it is said openly enough that the present treasurer of this ancient, well-endowed, and really important institution has spoken out freely and frankly as to the policy of election of the staff as long as he holds the reins. Sir Sydney Waterlow, ex-Lord-Mayor of London, is a man of his word, and belongs to a family who are very earnest and thorough in carrying out what they have once determined on. He has recently been appointed as treasurer to the hospital, a position of much authority, perhaps of ruling authority indeed. He is like the head of a Government department; he is absolute when and while in office, and is the spirit of the governing committee. This office is no sinecure by any means; and a house is provided for the treasurer on the spot, so that he may discharge his duties as conveniently as may be. If the responsibility is great, the power given by the position is equally great; and it is no secret that Sir Sydney has put his foot down solidly, that the active canvassing hitherto practised, and which is a very costly affair, shall be so modified in future that it shall be within the compass of men of moderate means, and that the vacancies in the staff shall be filled as they occur, by the very ablest men who can be secured, and that the possession or command of considerable means shall no longer be thus a *sine quâ non*.

Such a line of procedure on the part of the new treasurer does not mean censure of what has hitherto gone on, but merely that the policy of securing talent from all ranks, now so prevalent, shall be tried and worked there as elsewhere. The same view is held by a large number of influential persons connected with the hospital, both lay governors and members of the medical staff; and there is no doubt a change came over the spirit of the dream of the ancient institution in Smithfield, which was growing conservative and perhaps a little sleepy in its solid prosperity and its long existence. Consequently, no surprise was felt when it was announced that overtures had been made to Dr. Matthews Duncan, of Edinburgh, to take the vacant post, and that these overtures had met with consideration instead of immediate rejection. That the offer should be made was the most readily intelligible part of the whole affair. It was quite consistent with the policy of the new régime as to appointments; and if such changes were being made to secure the best man for the junior appointments, it was abundantly clear that in such an important matter as the senior post no means would be neglected to see that the place had a worthy occupant, one who would do credit to the place.

It was felt by all connected with the hospital that Dr. Matthews Duncan was the man, if he would but come. But the position he held in Edinburgh was so good, and his practice such an extensive one, that little hope was entertained for a time that he would accept the place. At last he has decided to make the change, and leave the Northern metropolis, where he had long been so conspicuous an object, and move southwards. Dr. Duncan is no ordinary man. A pupil and whilom assistant of the late Sir James Simpson, he started in Edinburgh, and, as a decided coolness developed betwixt him and his old master, rumor seized on the subject and gave various explanations, the one most extensively credited being jealousy on the part of the teacher towards his ablest pupil and assistant. Whether this was founded upon fact or not, certain it is there was a certain antagonism betwixt the great obstetrician and his junior. Edinburgh is a place where personal feelings run strong; and certainly Simpson was not above active hatreds towards his colleagues and collaborateurs. Dr. Duncan worked steadily away, had a class to which he lectured on obstetrics, and became an obstetric physician to the Edinburgh Royal Infirmary. It was the rule among students to take Duncan's summer course previous to Simpson's larger winter

course of lectures on obstetrics; and Duncan's clear, forcible exposition prepared the way for Simpson's more extended and elaborate lectures, delivered in silvery speech and with a winning persuasiveness which was irresistible, at least for a time.

Dr. Duncan has published several works connected with his special department, which have attained world-wide celebrity, and he has been elected a member of many foreign societies. Consequently, when Sir James Simpson died, it was felt by many people that the chair then vacant would be most worthily filled by his old pupil. The election lay with the town council; and Simpson, as said in a recent letter, was the most personally popular man in Scotland. His nephew, the present professor, had been carefully educated and trained by his uncle as his probable successor, and was ultimately chosen by the council to fill the post. It is no part of a correspondent's business to criticise appointments made by responsible bodies and individuals, but it is no secret that this overlooking of Duncan's claims was severely commented upon both by the medical press of this country and the lay papers of Scotland. He himself said nothing, but went on his way. Nevertheless, other people felt he had not been handsomely treated,—to put it very euphemistically.

But when it began to be rumored in Edinburgh that overtures had been made to Dr. Duncan to accept the important teaching post of St. Bartholomew's, at first incredulity prevailed. No doubt it was a severe trial to the self-pride of the people of modern Athens that Lister should just have been tempted away, and that now a similar attempt was being made to attract Matthews Duncan, the two men with the highest foreign reputation in Edinburgh.

But, whatever Dr. Duncan's motives, he has left his native land, though not by any means a young man, being fifty at least, for he graduated in Aberdeen in 1846. His appointment is a very popular one, and nothing is heard but approval of the step taken by Bartholomew's, and good wishes for the latest arrival from North Britain.

The tendency of young Scotchmen to hold South is well known, and is the subject of many a well-worn joke. The return of Lister to England was intelligible to many; for the austere ways of Caledonia are not acceptable to every one. But this last move was a more unwonted one. Doubtless Syme had come to London after his reputation was made, and left it again after a brief stay. Robert Liston, too, had moved southwards, and remained. But a distinct interval has elapsed since these migrations; and Dr. Duncan's action seems rather the inauguration of a new state of affairs than a return to anything pre-existing.

The tendency of a large metropolis to attract people is apparently as certain as the law of physics by which large bodies attract small ones; and it seems that now this tendency is becoming more marked. Probably the readiness with which the metropolis can be reached has a good deal to do with this. Previous to the introduction of railways there were many provincial centres in England, as Birmingham, Leeds, Bristol, Norwich, Newcastle, etc., which held a locally metropolitan position, and towards which certain areas centred, and first-rate men found it worth their while to take up a permanent position in these towns, where they rivalled the best men of London, as the Heys and Teales of Leeds, for instance. But now matters are changing very considerably, and the tendency is to draw men back again from the provinces to their old London school if necessary. Thus, University College Hospital recently recalled Dr. Fred. Roberts from Liverpool to fill a vacant assistant physicianship, and still later, Dr. John Williams, from Swansea, as assistant obstetric physician; and the wisdom of such action has never been called in question in either instance. One curious thing is that this movement towards the metropolis, and the awakening of certain institutions to the necessity of securing the best talent they can attract, is synchronous with a strong feeling in favor of decentralization manifested in the provinces. Thus, Manchester is working hard to get a University in connection with Owen's College. Edinburgh must feel this centripetal current more strongly than any other place, for her University turns out yearly a larger number of really good men than can possibly find a competency within her boundaries, while the enterprise and vigor of the Scotch are well known. Consequently, the needs of certain London hospitals and the attractions of metropolitan practice will constitute an allurement of a very potent character; and it is not easy to see how such a force can be counterbalanced. But it behooves those who love Edinburgh well—and their number is legion—to see that a certain proportion of those whom even she cannot easily afford to lose are not enticed southwards. In neither of the above instances has the want of success in Edinburgh been a factor in determining the choice: it is the more potent attraction of London. Lister has exchanged one professorship for another. Matthews Duncan, not having secured a professorship in the University of Edinburgh, now occupies the first lecturership in England, of which he is fully worthy.

Perhaps many of your readers may be interested in knowing something about the Contagious Diseases Act (Human), which was passed a few years ago (in 1864), improved in 1866, and again in 1869. The object of this act was the arrest of the spread of venereal disease in certain garrison towns of England and Ireland, which was working such havoc among the men of the military and naval services. The proportion of men in hospital

with these diseases during the year often extended a long way towards the entire number of the force,—of course by repeated admissions of certain individuals. In fact, the evil grew to such a pitch that legislative interference was urgently demanded. A furious battle has recently been waged betwixt the officials who have to see to the working of this act, supported by the bulk of the profession, and a sentimental party, chiefly living in the provinces and centring in Manchester, who have a small number of the profession on their side. This party at one time flooded the country with pamphlets anent these acts and their workings, and the most monstrous concoctions were circulated as representations of the actual facts. The subject was not one, apparently, in which women could very well interest themselves; but such impression is quite erroneous. Headed by a clergyman's wife, a large body of ladies have marched through and through the unsavory subject with a courage and a self-devotion which can but excite one's admiration. It is almost needless to say that their conclusions are diametrically opposed and absolutely contradictory to the published returns as to the results achieved. One strong point these ladies took up,—and they were quite right about their sentiments if their facts had been but "facts,"—and that was, any undue and unwarrantable intrusion upon a woman's privacy and regard for her person. It was alleged that these unhappy creatures were regularly and systematically outraged by ordinary police-constables, etc., and that any woman was liable to be apprehended by a policeman, taken to a lock-up, and there summarily exposed to the degradation of a personal examination of the most trying character. It is needless to say that the police have acted with much circumspection, which entitles them to the greatest praise; and in the very few instances where a mistake has been asserted to have been made, the suspected parties have not come out of the ordeal without greatly justifying the procedures of the police-constables. A pamphlet on the subject has just come into my hands, by Mr. Fred. Lowndes, surgeon to the Liverpool Lock Hospital, advocating the extension of this act to the great maritime town of Liverpool. Mr. Lowndes has taken the trouble to visit garrison towns where the act is in operation, in order to personally ascertain the results. To him the working has appeared most satisfactory, and his evidence upon one point is very conclusive, viz., the treatment of the unfortunate women who are affected by the working of this act. In the waiting-rooms the first object observed is a large notice explaining fully how each woman may obtain her release from the examination by applying to the visiting surgeon, who, if satisfied by inquiry that she has abandoned her calling, can direct that she be released from further periodical examination. The arrangements for the examination of the women are admirable, clean, comfortable, and as little trying as such a thing can be made by consideration and forethought. "The rule which permits no one to be present except the nurse is absolute, and I was informed previously that I could not witness the examinations, at which, knowing the importance of this rule, I did not expect to be present." The natural objections of the poor creatures to be examined at all have been overcome by such treatment, and there is now little difficulty in procuring their regular attendance. What a mercy these acts are to the poor creatures themselves only those acquainted with their working can tell. Whether it is desirable that human morality should be fenced in by syphilis and be strengthened in its virtuous resolves by gonorrhœa, as the sentimental party of parsons and women assert, may be a matter for dispute; but any one who has had any experience in the out-patient department of hospitals cannot but pity the innocent wives and children who there come under notice as the victims of constitutional syphilis. If the consequences of their libidinousness could be restricted to the men themselves, the arguments might be valid; but surely even the opponents of the act must have some compassion on these unoffending sufferers. Mr. Lowndes's experience of the working of the act makes him a still stauncher advocate of the extension of its working to the great port of Liverpool.

The reflex disturbances of the stomach are now being more generally recognized and appreciated than has hitherto been the case. For long the vomiting of pregnancy has been thoroughly understood, and the vomiting occasioned by a blow upon the testicles, or a calculus in the kidney, has also become recognized. But the relations of the stomach to conditions of the ovaries have yet to be investigated and appreciated. How great a proportion of cases of dyspepsia in women is allied with disturbances of the reproductive system only those know who have inquired. They will be found to constitute a very heavy percentage: indeed, it will soon become apparent enough to any clinical observer that the great proportion are so associated, and that it is futile to treat the stomach without also treating the cause of the disturbance. Having first eliminated any causes of reflex disturbance, then, and then only, may the practitioner concentrate his attention upon the stomach. The following case will illustrate this well. Going round my beds with the house-surgeon, one day, a new arrival was noted and inquired after. She was a pallid, anæmic girl of twenty-three, with a lack-lustre eye and a languid gait. She was a "stomach" case, the house-surgeon said, with a long history of persistent vomiting and retching. He had quite properly given an effervescent mixture with some hydrocyanic acid, which had afforded some relief. Ex-

pressing the conviction that the case was not primarily a gastric one, but dependent upon ovarian irritation acting reflexly upon the stomach, the patient was examined. There was a history of menorrhagia, not very bad, combined with persistent leucorrhœa. When the left ovary was pressed, sharp pain was elicited and the patient felt faint and "queer." The effects upon the face were very noticeable. A small blister over the left ovary was ordered, and the medicine changed to a mixture of sulphate of magnesia (℥i) and bromide of potassium (℈i), in inf. gentian (℥i), three times a day. The effects were very marked: the vomiting and retching ceased, and only slight nausea was experienced occasionally, but this soon ceased too. In ten days the girl was discharged feeling well, and certainly relieved for the time, if not permanently cured. Such is the real pathology and the line of treatment to be adopted in a large number of cases of gastric disorder in girls and young women, which linger on for months, cause the friends the greatest anxiety, exhaust the patients themselves, and frequently materially injure the reputation of the doctor.

REVIEWS AND BOOK NOTICES.

A Treatise on the Pathology of the Urine, including a Complete Guide to its Analysis. By J. L. W. Thudichum, M.D. Second Edition. Lindsay & Blakiston, Philadelphia, 1877.

The treatise of Dr. Thudichum is well known as one of the medical classics of the language, and in completeness, thoroughness, and originality the volume before us has few rivals in any branch of our science. These very qualities, however, in a measure unfit it for the use of the general medical practitioner, who wants in a short space and a clear manner a discussion of only such urinary matters as he can compass and use in his daily applications of science. For the specialist, for the physiological chemist, for the physiologist, the volume of Dr. Thudichum is a *sine quâ non*, and to such the new edition must be a most welcome guest. With them we leave it, confident that the new edition will maintain, if it do not increase, the well-earned renown of its author.

GLEANINGS FROM EXCHANGES.

Readhesion of a Separated Portion of the Body (*New York Medical Journal*, October, 1877).—A man, 50 years of age, while drunk, fell, and remained the entire night without help. Falling on a curbstone, the cartilaginous portion of the nose was cut transversely at its margin and entirely separated, with the exception of a few slight shreds of skin. The separated portion was quite cold, and appeared to be dead. Dr. Gillebert Dheurcourt saw the patient in the morning, and washed the wound with cold water, readjusted the separated portion, secured it with five stitches, and applied pieces of muslin dipped in collodion. The pieces overlapped each other like the shingles on a roof, leaving the point of the nose free. The next day there was some swelling of the parts, but the apex of the nose appeared warm and rose-colored. Two days later the swelling began to subside, and seven days later the stitches were removed. Fourteen days after the operation there was complete restitution of the nose. A linear cicatrix remained, and there was considerable loss of sensibility in the parts which had been separated.

Catarrhal Laryngitis (*New York Medical Journal*, October, 1877).—In the course of some clinical remarks on catarrhal laryngitis, Whipham states that the disease may assume either a mild or an intense form, and the one may pass rapidly into the other. It may be traced to a variety of causes, such as—1. Local irritants acting on the larynx; for example, cold air, dust, loud screaming, etc., which causes friction by the air being forcibly driven through the glottis, and by the increase in the number of vibrations of the vocal cords in a given time. 2. Chilling of the skin; *e.g.*, by leaving off warm clothing. 3. Catarrh may extend from neighboring organs. Each of these classes is then taken up in order and fully discussed. Having alluded to the prominent causes of the affection, the more obvious means at our disposal for its prevention are reviewed, and one or two points in the treatment of the early stages of the affection are briefly touched upon. Confinement in one apartment, with the air rendered moist and warm, is of the first importance, as soon as the first "brassy" cough is heard. Often no further treatment is demanded. In more urgent cases further treatment may be necessary. Hot poultices to the neck have, in his experience, produced excellent results; the poultices may be made of linseed-meal simply, or of linseed and mustard in the proportion of about one part of the latter to eleven of the former. Latterly he has used a poultice made of oatmeal and vinegar, which he was induced to try, in order to combine the warmth of the external application with the sedative action of the acetic acid on the laryngeal mucous membrane. The results have been extremely satisfactory. The throat being enveloped by the poultice, the child of necessity inhales the vapor charged with acetic acid which arises from it, and there is no need for the use of an inhaler, which usually frightens the child. Should the pulse be frequent, the skin hot and dry, and other symptoms of fever be present, a purge composed of calomel and rhubarb may be advantageously administered together with a mixture composed of diaphoretics, depress

ants, or diuretics. If the inflammation be not thus subdued, subsequent treatment must be adapted to the exigencies of the case.

STARVATION IN THE TREATMENT OF ACUTE ARTICULAR RHEUMATISM (*The Canadian Journal of Medical Science*, September, 1877).—Dr. Casey A. Wood recommends earnestly the employment of starvation as a therapeutic means in those cases of acute rheumatism which have resisted treatment by the ordinary methods. He reports five cases, and says he has notes of twelve more treated in this way with remarkable success. He advises the use of an antimonial emetic in almost every case. No food whatever should be taken after the emetic has operated for at least three days (longer if necessary), or until the pain in the joints has considerably subsided. Water or (if the patient prefer it) lemonade is allowed in small and repeated quantities, but starvation is to be regarded as a *sine quâ non*. The return to the usual amount of food should be very gradual, and everything eaten during this time should be very digestible. Opium and colchicum are given for the temporary relief of pain, and should be discontinued when the desired effect is accomplished. The mixture of acetate of potash will be found useful, but it is not an essential part of the treatment. A pleasing feature of this method will be found in the rare occurrence of cardiac trouble. The treatment by starvation, if followed according to the rules laid down, will be found to realize all that has been claimed for it,—a simple reliable remedy for a disease that has long baffled the physician's skill,—and the frequency with which rheumatism occurs will give every one a chance of trying its efficacy.

VITALIZED PHOSPHORUS COMPOUNDS (*The Nashville Journal of Medicine and Surgery*, September, 1877).—Dr. Charles G. Polk calls attention to the therapeutic value in pulmonary disease of those compounds of phosphorus which he has isolated under the name of "Kephaline," and which contains only the brain hypophosphites. He gives three cases illustrative of their value, and claims that they act by being absorbed unchanged into the blood, and supplying easily and quickly the deficiency which exists in these diseases.

THE PREVENTIVE TREATMENT OF CERTAIN DISEASES (*The Medical Record*, September 22, 1877).—Dr. Ezra M. Hunt, after calling attention to the value of antiseptic treatment in surgery, and to the equal value of disinfectants and cleanliness in the prevention of zymotic disease, proposes a method of prophylaxis to be applied in the case of every individual exposed to contagion. He uses for this purpose chlorate of potassium, quinine, carbolic acid, tonics, and general hygiene, and claims that the results in his practice have been such as to lead him to attach great importance to internal administration of certain of these preventives. He adds that salicylic acid and phenol are also valuable, and should be given so as to be manifest in the breath and present in all the tissues.

EFFECTS OF SALINE CATHARTICS UPON THE BILE (*Boston Medical and Surgical Journal*, September 27, 1877).—Dr. Robert Amory summarizes as follows the results obtained by Professor Rutherford from experiments made upon dogs with the salts which are more commonly found in natural spring waters having cathartic properties:

Sodium sulphate, sodium phosphate, probably by stimulating the hepatic cells, Rochelle salt (tartrate of potash and soda), have decidedly exciting influence in stimulating the flow of bile and increasing the amount of biliary matters; whilst magnesium sulphate, potassium sulphate, sodium chloride, sodium bicarbonate, potassium bicarbonate, and ammonium chloride have little if any cholagogue action; and, moreover, magnesium sulphate diminishes the flow of bile. With regard to the cathartic action these experiments show that sodium sulphate, magnesium sulphate, probably by excitation of the intestinal glands, potassium sulphate, and sodium chloride have a decided purgative effect upon dogs, and the irritant action on the intestinal mucous surface, especially in the upper half of the small bowel, is most marked after the administration of magnesium sulphate. All of the above-named saline cathartics produced more or less irritation of the mucous membrane of the small intestine, and yet the amount of purgation was not always in proportion to the post-mortem vascularity of the mucous membrane, as, in the case of decided and watery purgation from sodium phosphate, the vascularity was only slightly increased above the normal appearance.

Now, Carlsbad water holds in solution a large amount of sodium sulphate, which in these experiments showed the most decided cholagogue action of any of the above-named salts, and this fact is of importance to the clinician, who in practice has been led to rely upon these waters for biliary excitation. Magnesium sulphate and sodium sulphate are found in Hunyadi János bitter water in nearly equal parts, namely, about two hundred and twenty-five parts in ten thousand parts of the water. Pullna contains nearly as much sodium sulphate as the Hunyadi János, but only three-quarters as much magnesium sulphate. In Seidlitz water there is five-sevenths as much magnesium sulphate as the Hunyadi János, but no sodium sulphate. Friedrichshalle contains less than one-quarter as much magnesium sulphate and more than one-third as much sodium sulphate. From this we can deduce the following results, provided the action on man is similar to that on dogs. When catharsis without biliary excitation is indicated, we may use Seidlitz water; when both are desired, we may use Hunyadi János water; when only biliary excitation is

required, with very slight cathartic action, we may use Carlsbad water; both Pullna and Friedrichshalle have more influence in exciting biliary secretion than simple catharsis.

New Method of Reducing Dislocations of the Shoulder (*New York Medical Journal*, October, 1877).—Dr. Kuhn describes a new method of reducing dislocations of the shoulder. He calls attention to the fact that there is a loss of force, due to the scapula following the traction made on the humerus, in the method ordinarily employed to reduce luxations of the shoulder-joint. He claims, on the contrary, that by making the humerus the fixed point, and reducing the scapula, there is no loss of power, and the resistance of those powerful muscles, the pectoralis major and latissimus dorsi, is obviated. With a passing reference to anæsthetics and to the prejudice which some practitioners entertain against their use, he proceeds to the *modus operandi*. A wedge-shaped cushion is placed in the axilla, the base of the wedge being downward; the surgeon, standing at the patient's side, lightly draws the arm downward, and at the same time presses it firmly against the pad in the axilla, so as to make it into a lever of the first kind; then, taking the inferior angle of the scapula in the other hand, he raises that bone and gives it a seesaw motion. Coaptation soon follows, the two parts returning to their natural position by a simultaneous effort made on the lower extremity of the humerus and the inferior angle of the scapula. If the head of the humerus be displaced forward, the angle of the scapula should be directed outward at the same time that it is raised. It should be directed inward if the dislocation be backward. If any difficulty be experienced in making the reduction, the task of holding and directing the arm should be confided to an assistant.

Alcohol Tampons in Sanious Uterine Carcinoma (*New York Medical Journal*, October, 1877).—While it is often difficult to destroy the penetrating smell of a sanious uterine carcinoma by means of carbolic acid, chlorine-water, etc., this may be accomplished with marked rapidity and certainty with charpie tampons which have been saturated with absolute alcohol. An attempt to use concentrated solutions of salicylic acid for disinfection led to the use of alcohol in these cases. The first attempt was made with a saturated alcoholic solution of salicylic acid. This experiment having proved successful, absolute alcohol alone was used, with equally good results. The grumous, stinking shreds separated in a few days, and the ulcerated carcinoma presented the appearance of a clean, granulating surface. Nothing further than the mere disinfection is claimed for this remedy.

Morphia as a Parturifacient (*The Obstetrical Journal*, September, 1877).—Mr. Arthur Wigglesworth, in a paper upon the above subject, calls attention to a condition of the os which occurs during active labor and when it is more or less dilated, but in such a condition of rigidity that, however active and strong the uterine contractions may be, and however forcibly expulsive the efforts of the patient, the rigidity prevents the progress of the labor for an indefinite time. Then, after considering the action of morphia and other agents in this and other complications of labor, he advances the following propositions:

1. The condition of the os described is rigidity from spasm.

2. This spasmodic condition may arise from direct or indirect causes, producing, however, in both cases the same result.

3. This condition may be removed by the administration of morphia, having for its object the relaxation of the circular fibres of the os, without inducing either nausea or exhaustion.

The dose must be regulated with reference to—

1st. The physical condition of the patient, a nervous, excitable individual requiring a fuller dose than a phlegmatic one.

2d. The amount of rigidity, a thick os requiring a large dose.

3d. The condition of the stomach, a much larger dose being required if the stomach is distended with food or liquid.

Gastritis from Ether-Drinking (*The Lancet*, September 1, 1877).—An instructive case is recorded by M. Gaillard, in his lecture on Alcoholic Gastritis, contained in the volume of Clinical Lectures which he has just published. A woman, 48 years of age, a portress by vocation, whose health had always previously been good, was attacked, about three weeks before her admission into La Pitié under the author's care, with slight tremor of the hands. A week later she suffered from substernal and interscapular pain, and then morning vomiting. In addition to the tremor of the hands, she began also to experience tremors, cramps, and formication in the lower limbs, with weakness in walking. The vomiting continued, as well as the pain in the chest, the pain not being limited to the lower end of the sternum, but experienced along the whole course of the œsophagus. The tongue, which was large and white, was tremulous; there was intense thirst and some anorexia. M. Gaillard concluded that the patient was suffering from alcoholism, but the imputation was denied by the patient so strenuously, and with such an air of sincerity, that it seemed as if the diagnosis, which, however, appeared to be fully borne out by the results of ten days' treatment, could not be sustained. It was then, however, found that the patient's denial was perfectly true, but that she had during the past two months taken habitually before her meals a piece of sugar dipped in sulphuric

ether, on account of indigestion. She had thus consumed ten bottles of ether, each containing eighteen grammes (more than half an ounce). The immediate effect was one of excitement, which was followed by giddiness, a sense of weight, and tendency to sleep, but these effects speedily passed off. The case affords a good illustration of the resemblance between the physiological effects of ether and alcohol.

Treatment of Wounds of the Radial and Ulnar Arteries by Acupressure (*The Clinic*, September 8, 1877).—Dr. J. P. Bramwell says that the surgeons of the Perth Infirmary have, for some time, employed acupressure instead of ligature in case of wound of the radial and ulnar arteries. This plan is easy of performance and can be quickly carried out. The acupressure needle is thrust down close to the artery on its ulnar aspect, and its point brought out a considerable distance from the side of the vessel on its radial aspect. In this way the collateral vessels seem to be caught and strangled, so as to prevent the blood from finding its way into the distal end of the artery. Where the wound in the wrist is very free, he prefers two needles, one proximal, the other distal; and each should be inserted close to the artery, and the point brought out close on the other side. The needles are then "kinched" with a strong thread, twisted round into a figure of eight, and drawn tight. A bandage may then be applied, or simply a cold-water rag. In four or five days the needles may be removed with safety; but if any fear of fresh hemorrhage be entertained, the "kinching" thread may be cut, and the needles left for twenty-four or forty-eight hours longer.

Enteroraphy for a Fistulous Hernia (*The Clinic*, September 8, 1877).—One of the new operations by Prof. Czerny is thus described: A fistulous opening had existed for many years in the case of a man, aged 47, the subject of a scrotal hernia. The opening was in that part of the intestine which descended into the scrotum. Czerny opened the sac, detached the intestine, trimmed the opening in the intestinal wall, and closed it with catgut ligatures. He then replaced the intestine in the abdominal cavity, and performed his radical operation for the cure of hernia. The patient recovered completely, without any unpleasant symptoms.

Treatment of Psoriasis Inveterata by Jaborandi.—Prof. Thiry (*La Presse Médicale Belge*) has treated successfully two cases of this disease by infusion of jaborandi given in one case in doses of a drachm (four grammes) in about five ounces of vehicle, and in another case three to seven grammes, given at intervals of three or four days for about six weeks. Violent but passing cramps in the stomach were caused by the jaborandi.—*The Doctor.*

MISCELLANY.

There have appeared from time to time in the columns of *The Medical and Surgical Reporter* various misstatements in regard to the editor of this journal which we have corrected. In the issue of that journal for September 15 was an editorial statement which is the last we shall ever notice, because a falsehood so gratuitous and of such serious import not only lays its author open for damages by the hands of the civil court, but also, unless followed at once by a full, free, and public apology, puts him beyond the pale of the further notice of a gentleman.

It is asserted that a certain person, who is so plainly described that every one must recognize the editor of this journal, "has been accused of deliberately and openly consulting with homœopathic practitioners, and, we understand, does not deny the charge nor pretend that it will cease."

Almost every libel has some basis of truth out of which it is distorted, and, after conviction, the editor usually falls back on that basis and upon such generalities as "his desire for the welfare of the profession," etc. Such statements would be, however, in the present case so plainly transparent as to be scarcely worth while. The probable basis of the assertions of the editorial alluded to is the fact that the editor of this journal met in consultation a graduate of the University of Pennsylvania who is the son of a homœopath, and who for a short time followed his father's practice, until convinced of its falsity. At the date of the consultation Dr. Joseph Berens had not for some time practised homœopathy. The discovery by Dr. Brinton of the amount of truth in the report which may have reached his ears would have required only the trouble of writing a note to the person most concerned. The exaggeration of the current report from a single practitioner to practitioners, and the conjoined statement that Dr. Wood did not deny the charge, were, under the circumstances, without excuse.

The whole subject is so beneath notice that we should not have occupied space with it, except for the purpose of introducing the following note, received in reply to one of our own:

"1507 Arch St., Philadelphia, October 19, 1877.

"H. C. Wood, Jr., M.D.:

"Dear Doctor,—In reply to yours of the 18th instant I beg leave to state that the supposition that I am a homœopathist is wholly gratuitous, and especially so as some months since I furnished to a member of the West Philadelphia Book Club, for general circulation, a denial, prepared because the standing of a member of the profession was called into question on account of his relations with me. I take this opportunity of repeating that

denial,—of expressing my total disbelief in any exclusive therapeutic dogma or any of the tenets of the so-called homœopathic sect. I would further state that I do not hold professional intercourse with any save regular practitioners of medicine, and that my practice conforms with the standard teachings of the day.

"Very respectfully,

"J. Berens, M.D."

Artificially-Colored Wine.—Under the name of "oenokrine," a new test-paper, which it is stated will at once detect the presence of any artificial coloring-matter in wine, has recently been introduced into notice in Paris. When the paper is dipped into pure red wine it is immediately colored grayish-blue, and becomes lead-colored on drying. On the other hand, when moistened with wine that has been artificially colored by fuchsine or other aniline substance, the test-paper assumes a bright carmine-red color; when the wine has been colored by ammoniacal cochineal, the paper becomes pale violet; when by elderberries or mallow-flowers, bright green; when by logwood, the color of the husks of pressed grapes; when by Brazil wood or scarlet grains, dirty yellow; when by indigo extract, deep blue. The method of testing is very simple: a strip of oenokrine paper is left for about five seconds in pure wine, and is then well shaken to remove the excess of fluid, and laid upon a sheet of white paper, which brings out the color more sharply. A second strip of the test-paper is then moistened in the suspected wine and laid alongside the first, when any difference in the color of the two will at once become apparent. It is positively stated that even one hundred-thousandth of a part of fuchsine in the wine is sufficient to give the paper a light-violet color, while a large quantity brings out a bright carmine-red. Lainville and Roy, the discoverers of "oenokrine," assert that they have also discovered a method by which the fuchsine can be removed from the wine without injuring the latter.—*Boston Medical and Surgical Journal.*

An important addition is being made to the means of practical teaching in the University of Berlin, in the form of a pharmacological institution, under the direction of Professor Oscar Liebreich. It contains two departments, one physiological and the other chemical, in which pharmacological, physiological, and chemical researches on medicines and their action will be carried on. The Prussian Government is about to erect a building for the laboratory.

Professor Rothrock, of the University of Pennsylvania, is to have charge of the Botanical Department of the Woodruff Scientific Expedition.

It gives us great pleasure to insert the following letter from Dr. Sayre. It is allowable to say that we did not in any way endorse the charges, but simply stated that the *St. Louis Clinical Record* ought to be sued for libel if the charges were not true. We see no reason for altering this opinion; the object of such suit being forever to put to rest the assertions of the plagiarisms and to teach a lesson in regard to the responsibilities of journalists, rather than to obtain pecuniary damages.

"285 Fifth Ave, New York, October 15, 1877.

"Dr. Horatio C. Wood, Editor Philadelphia Medical Times:

"Dear Sir,—In your issue of 13th October I find you have copied from the *St. Louis Clinical Record* a number of slanderous charges against my character, which are so *absurdly false* as not to require any notice, if they had not been copied into a medical journal which has hitherto been considered respectable.

"You also say that 'these statements, if true, ought to be generally known, and, if not true, ought to subject the editor of the *Record* to damages for libel.' Suing the *Record* would be like the old adage of 'suing a beggar and getting ——.'

"I refer you to the following printed records, some of which have been before the profession for years, and by the reading of the same you will see that each and every one of the charges in the *Record* is *wholly and absolutely false.*

"*Charge 1st.* 'Dr. Sayre's hip-joint splint was invented by Dr. Davis.' To refute this I refer you to the 'Transactions of the American Medical Association' for 1860, pages 505 to 508, and by referring to the Patent Office at Washington 'Synopsis of Specifications,' No. 35,303, you will see that Dr. Davis took out a patent for his splint, which you will observe in the specifications is entirely different from mine, which was given to the profession, as well as its various modifications and improvements, as soon as tested and proved to be useful. I also refer you to my 'Orthopedic Surgery and Diseases of the Joints,' Appleton & Co., 1876, pages 260, 261, to prove the falsehood of this first charge.

"*Charge 2d.* 'Dr. Sayre's plaster-of-Paris socket was invented and first applied by Dr. Bryan, of Lexington, Ky.'

"*Answer.* See my report on Pott's Disease, 'Transactions American Medical Association' for 1876, page 585, where you will see full justice has been done to Dr. Bryan; also *Richmond and Louisville Medical Journal* for May, 1877, page 418; also my recent work on 'Spinal Curvatures and their Treatment by Suspension and the Plaster-of-Paris Bandage,' Smith, Elder & Co., London, Eng., 1877, page 14. Any honest man reading these three references, I think, will never again repeat this charge.

"*Charge 3d.* 'Dr. Sayre's method of self-

suspension in rotary lateral spinal curvature was invented by Dr. Benjamin Lee, of Philadelphia.'

"*Answer.* See my work on spinal curvature above referred to, Smith, Elder & Co., London, page 93. For fear that you may not be able to obtain the book in this market at present, I will quote the sentence on page 93 to which I refer:

"'The late Prof. Mitchell, of Philadelphia, used to treat cases of lateral curvature by suspending them under the arms, and causing them to suspend themselves by the hands. But Dr. Benj. Lee, of Philadelphia, was the first person who caused his patients to practise *self-suspension*, by climbing up a rope which passed over a pulley and was attached to the patient's head by straps passing under the chin and occiput.' I think this answers that charge.

"*Charge 4th.* 'Dr. Sayre's Lectures on Orthopedic Surgery were by Dr. Louis Bauer, formerly of Brooklyn, New York, now of St. Louis.'

"*Answer.* By referring to the preface of my book on 'Orthopedic Surgery and Diseases of the Joints,' Appleton & Co., New York, 1876, it will be seen that the book was published from stenographic notes of my lectures in Bellevue Hospital Medical College, session of 1874–75, taken at the time by Dr. Wesley M. Carpenter, of this city. Most of the lectures were upon cases presented at the time in the lecture-room, and which Dr. Bauer could never have seen, as he at the time lived in St. Louis. The statement is, therefore, too absurd to demand any further notice. The general charge of plagiarism in the last sentence quoted from the *Record*, not being *specific*, cannot be *specifically* refuted, but to it I make a general denial.

"Please give this an insertion in your next issue, with such notes and comments as you think proper. LEWIS A. SAYRE."

NOTES AND QUERIES.

To the Editor of the Philadelphia Medical Times:

Dear Doctor,—Having used ergot for the last three years in cases of hemorrholds, I thought it proper that I should confirm Dr. Edward S. Lansing's statement and experience as regards the beneficial action of this drug in that disease. This treatment I first saw suggested about three years ago in some medical journal. Since then I have used it with good and decided success in all cases of hemorrhages, including severe epistaxis, hemorrhoids, etc. We are all familiar with the effect of ergot upon the unstriped or involuntary muscular fibre, exciting it to contraction. Upon this well-known physiological principle it was suggested in almost all cases of hyperæmic condition, or, in other words, in enlarged conditions of the blood-vessels as a result of hæmostatic pressure. Such, then, being the actual pathological condition found in hemorrhoids (enlarged veins), there cannot be any doubt that on this principle and fact alone ergot can give excellent and efficient results; indeed, in my hands it has never failed to give satisfaction in all those cases where I have used it for such purpose,—to produce contraction of the blood-vessels.

I have been in the habit of using it by the rectum (having previously advised an enema of warm water to remove any deposit in the lower part of the rectum) either as an injection in the form of Squibb's fluid ext. ergotæ f℥ss. twice a day, or as a suppository, as recommended or used by Dr. Lansing. I believe it has also been recommended hypodermically; but this, I think, must be a rather unpleasant and painful way, besides running the risk of causing abscesses, which, as a rule, are easily produced by the hypodermic injection of ergotin. Of course our next, if not principal, object is to attend to the bowels, which frequently are found in a constipated state: this can be prevented and remedied by giving the proper medicines usually prescribed in such cases.

Yours, respectfully,
JULIO J. LAMADRID, M.D.

Brooklyn, October 15, 1877.

For chafed infantile skin I would recommend, first, to your correspondent, *cleanliness;* and second, a powder composed of equal parts of pulverized oxide of zinc or bismuth subnitrate and fine creta præparata. For urticaria or hives, keep the stomach and bowels in good order: frequently they are out of order in these cases. If there is acidity of the stomach, give "Phillips's milk of magnesia." This kind of treatment has seldom failed me.

To the Editor of the Philadelphia Medical Times:

The undersigned takes this opportunity of correcting an error which, through oversight, had found its way into his recently published treatise on the ear.

On page 101 of this work a statement is made which conveys the idea that the author was the first to establish—by direct observation of the vibrations of the secondary tympanic membrane—the fact that the fluid of the labyrinth is moved as a whole under the influence of waves of sound conducted directly into the external auditory canal. He was not aware at the time that these vibrations of the membrane of the round window had been observed and their significance correctly interpreted two years earlier by Albert H. Buck, M.D., of New York (*Archives of Ophthalmology and Otology*, vol. 1. No. 2, 1870).

The undersigned therefore takes this method of giving as great and immediate publicity as possible to the correction, as well for his own sake as for that of his friend, to whom the credit of priority justly belongs.

CHARLES H. BURNETT.

Philadelphia, October 12, 1877.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM OCTOBER 7, 1877, TO OCTOBER 20, 1877.

Frantz, J. H., Major and Surgeon.—Granted leave of absence for two months, on Surgeon's certificate of disability. S. O. 239, Division of the Atlantic, October 15, 1877.

Greenleaf, C. R., Major and Surgeon.—Assigned to duty as Post-Surgeon at the post to be established at Helena, Mont. S. O. 136, Department of Dakota, October 8, 1877.

Gardner, W. H., Captain and Assistant-Surgeon.—Relieved from duty at Allegheny Arsenal, Pittsburg, Pa., and assigned to duty at Atlanta, Ga. S. O. 232, Division of the Atlantic, October 6, 1877.

Buchanan, Wm. F., Captain and Assistant-Surgeon.—Relieved from duty at Allegheny Arsenal, Pittsburg, Pa., and to return to his station, Morgantown, N.C. S. O. 241, Division of the Atlantic, October 17, 1877.

Cronkhite, H. M., Captain and Assistant-Surgeon.—Granted leave of absence for one month, with permission to apply for one month's extension. S. O. 109, Department of Arizona, September 26, 1877.

Loring, L. Y., Captain and Assistant-Surgeon.—Granted leave of absence for one month, from October 10, 1877, with permission to apply for an extension of five months. S. O. 108, Department of Arizona, September 25, 1877.

Ainsworth, F. C., First-Lieutenant and Assistant-Surgeon.—Assigned to duty at Fort Whipple, A. T. S. O. 108, c. s., Department of Arizona.

Skinner, J. O., First-Lieutenant and Assistant-Surgeon.—Relieved from duty at Carlisle Barracks, Pa., and to return to his station, Fort Johnston, N.C. S. O. 241, c. s., Division of the Atlantic.

Worthington, J. C., First-Lieutenant and Assistant-Surgeon.—Assigned to duty as Post-Surgeon at Camp Grant, A. T. S. O. 108, c. s., Department of Arizona.

Robinson, S. Q., First-Lieutenant and Assistant-Surgeon.—Assigned to duty as Post-Surgeon at the post near Missoula, Mont. S. O. 136, c. s., Department of Dakota.

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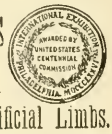

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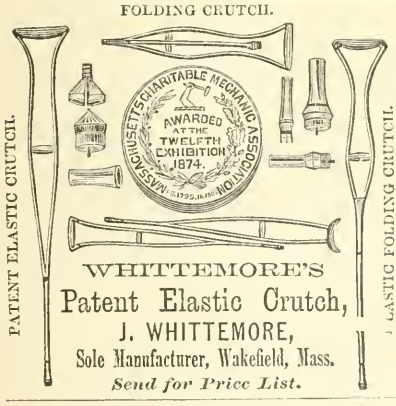

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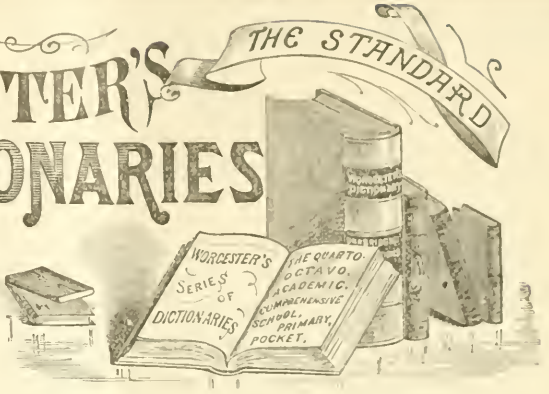

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